Abstract Form

Abstract is to be typed in a 10 point font/typeface (Times Roman preferred) and must fit in the space below; additional pages may not be submitted.

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TITLE: The Public's Willingness to Discuss Their Preference For Organ Donation with Family Members

DESCRIPTION OF ACTIVITY: The decision to donate is ultimately made by family members of a suitable candidate for donation. Despite this fact, there has been little research targeted toward understanding either the degree to which those who want to donate their organs after death are willing to discuss their wish with family members or the factors associated with their willingness to have this discussion.

6,820 adults from throughout the United States completed a telephone interview which was composed of questions on attitudes toward organ donation and transplantation. Respondents were asked how likely they were to want to donate their organs after death; whether they had told a member of their family of their wish to donate their organs; and, if their wishes had not been discussed, how willing they were to do so. Based on their responses to these questions respondents were classified into the following categories based on the stages of behavior change which are one aspect of the transtheoretical model of behavior change: a) precontemplation – has not told wishes to a family member and is not willing or not very willing to do so; b) contemplation – has not told wishes to a family member and is somewhat willing to do so; c) preparation – has not told wishes to a family member and is very willing to do so; and d) action – has told a family member about wishes.

We eliminated from our analyses respondents over age 70 because they are generally considered not to be suitable candidates for organ donation. We also eliminated respondents who reported that they did not have a family member available to them. For those who reported that they are likely to want to have their organs donated, we report the proportion of respondents in each stage of change. We used ordinal regression analysis to identify factors related to stage of willingness to discuss their decision with a family member. The ordinal regression model included the respondent's age, gender, race, and education level; whether the respondent worked in a health profession, signed a donor card or granted permission on their driver's license, had contact with information about organ donation in the past year, and is uncomfortable thinking about death; and a knowledge score as independent variables.

DESCRIPTION OF EVALUATION (if completed, provide results): A total of 850 respondents were over age 70 and/or reported that a family member was not available to them. Over three quarters (78 percent) of the sample said they were likely to want their organs donated after death. Most of those who said they wanted to donate their organs after death were in the action stage - just over 50 percent said they have told a family member of their wish to donate. Only approximately 5 percent of those who would like to donate their organs after death were in the precontemplation stage - they have not discussed their wishes with a family member and are not willing to do so. Of the remaining respondents who wish to donate their organs, 26 percent said they were somewhat willing to discuss their wishes with a family member (the contemplation stage) and 17 percent are very willing to do so (the preparation stage). Among those who wish to donate their organs after death, the strongest predictors of being in a more-committed stage (that is, in the direction of the preparation or action stages rather than in the direction of the contemplation and precontemplation stages) were whether a respondent had signed a donor card or given permission for donation on his or her license and whether a respondent came in contact with any information concerning organ donation in the past year. Those who signed a donor card or otherwise gave permission for donation were nearly eight times more likely than those who did not to be in a more-committed stage, and those who had contact with information about donation were twice as likely as others to be in a more-committed stage. Males were 50 percent more likely than females to be in a more-committed stage. White respondents and Hispanic respondents were 60 percent and 70 percent, respectively, more likely than African-American respondents to be in a more-committed stage. For every 10 percent increase in the score reflecting knowledge about donation, respondents were 10 percent more likely to be in a more-committed stage. Finally, those who felt uncomfortable thinking about their own death were half as likely as those who were not uncomfortable to be in a more-committed stage.

These results suggest that individuals vary in their willingness to discuss their donation decision with family members and that certain types of individuals are more likely than others to discuss their wish. The classification of individuals according to stage may be a useful concept for the evaluation of public education efforts. Program success could be demonstrated by documenting movement from less-committed stages to more-committed stages. The results also suggest that aspects the transtheoretical model other than stage should be explored. A more complete application of the model could help to identify interventions that might be applied to individuals at different stages of commitment so that more individuals enter the action stage and family members can respond in accordance with their loved-one's wishes. We plan to explore these issues further when we conduct a second national survey of the public later this year.

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